

January 30, 2014 April 30 = Should have each April 30, 2014

U.S. Department of Justice

Box 7611 Ben Franklin Station

Washington, D.C. 20044-7611

Chief, Compliance Section Water Compliance Branch U.S. Environmental Protection Agency Region 2 290 Broadway, 20th Floor New York, New York 10007-1866

US v. ESSROC San Juan Inc. Re: DOJ No. 90-5-2-1-08412

To whom it may concern:

This document constitutes the quarterly report required in the Consent Decree (CD) of May 4, 2010 in the matter of reference. Listed below is the progress report covering the activities completed from January 1, 2014 and of through March 31, 2014.

- 1. Section III Lagoon Enhancement System Installation and Operation
 - a. Attachment I Routine Inspections (Monthly)
 - b. Lagoon Enhancement Maintenance performed in January 2014
 - i. Excessive vegetation and debris, such as leaves, accumulated in each gabion were removed.
 - ii. Solids accumulated in the gabion box that is located around the drainage valve from pond #1 were removed.
- 2. Section IV Coliform and Other Clean Water Act Effluent Controls



- a. Name of the firm used to transport and dispose of sanitary wastewater:
 - i. Limpieza de Pozos Gonzalez
- b. Name of the wastewater treatment plant at which the facility's sanitary wastewater is delivered for treatment:
 - i. Puerto Rico Aqueduct and Sewer Authority-Barceloneta Regional Treatment Plant
- c. Approximately Amount in gallons of the sanitary wastewater removed from the facility during the reporting period was approximately:
 - i. 45,000
- 3. Section V Storm Water Permit Monitoring (MSGP)
 - a. Reports Required by the MSGP 2008 are contained in:
 - i. Attachment II: Routine Inspections (Monthly)
 - ii. Attachment III: Visual Monitoring (Monthly)
 - iii. Attachment IV: Benchmark Monitoring (Monthly)
- 4. Discharge Monitoring Reporting
 - a. Attachment VI: Discharge Monitoring Reports

We take the opportunity in this quarterly respectfully reiterates its request for the closure of the Consent Decree.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Cordially,

Jose Uriol General Manager an

Lagoon Enhancement - Routine Inspection Report General Information ESSROC SAN JUAN - ITALCEMENTI GROUP **Facility Name** NPDES Tracking No. Start/End Time 110 - 1145 117/2014 Date of Inspection BEATRIZ RIVERA Inspector's Name(s) ENVIRONMENTAL ENGINEER Inspector's Title(s) BEATRIZ.RIVERA@ESSROC.COM Inspector's Contact Information Inspector's Qualifications EIT Weather Information Weather at time of this inspection? ☐ High Winds ☐ Other: ☐ Fog ☐ Sleet □ Cloudy ☑ Rain ☐ Clear Temperature: Have any previously unidentified discharges of pollutants occurred since the last inspection? \(\square\$ Yes \quad \square\$ No If yes, describe: Are there any discharges occurring at the time of inspection? The Thomas The The Thomas The The Thomas The Tho If yes, describe based on the information below: Other (describe): Color None Petroleum/Gas Sewage Sulfur Sour ☐ Mustv Odor None Other (describe): Solvents Other (describe): Opaque [Slightly Cloudy Cloudy Clarity Clear No ☐ Yes (describe): Floating Solids Suspended Solids No Yes (describe): No Yes (describe): Foam Oil Sheen None Flecks Globs Sheen ☐ Slick ☐ Other (describe): Other Indicators of Stormwater Pollution

No Yes (describe): Control Measures Number the structural stormwater control. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. If No. In Need of Corrective Action Needed and Notes Control Measure Maintenance. (identify needed maintenance and repairs, or any Structural Control is Operating Repair, or failed control measures that need replacement) Measure Effectively? Replacement? ☐ Maintenance Ponds #1 Discharge point ElYes DNo ☐ Repair to Channel ☐ Replacement Maintenance Channel structure Myes DNo ☐ Repair 2 (Stabilization) ☐ Replacement Gabions ☐ Maintenance Myes DNo ☐ Repair G-1 ☐ Replacement ☐ Maintenance TYes DNo ☐ Repair G-2 ☐ Replacement

G-4

PYes No Replacement

Repair
Replacement

Maintenance
Repair
Replacement

Maintenance
Repair
Replacement

Repair
Replacement

Page 1 of 2

☐ Maintenance

☐ Repair

Yes ONo

G-3

Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
G-6	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-7	ayes UNo	☐ Maintenance ☐ Repair ☐ Replacement	
G-8	☐Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-9	Ayes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-10	Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-11	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-12	Yes ONo	☐ Maintenance☐ Repair☐ Replacement	
G-13	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-14	☐Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	non-compliance observed an	Non-Compliance	
		Notes	
Jse this space for any add	litional notes or observations		
	CERTIF	ICATION STATE	MENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.'

violations.	
Print name and title:	BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER
Signature:	1/1/2014
Signature.	

Lagoon Enhancement - Routine Inspection Report

	244500	Cone	eral Information						
To of I	ity Name		JAN - ITALCEMEN	ITI GROUP					
			// (14 2 2 / 1500 - 1500						
	ES Tracking No.	0/.0/11/	Start/End	Time 2:00 - 245					
	of Inspection	BEATRIZ RIVERA							
nspe	ector's Name(s)								
	ector's Title(s)	ENVIRONMENTA							
Inspector's Contact Information BEATRIZ.RIVERA@ESSROC.COM									
(nsp	ector's Qualifications	EIT							
		Wea	ther Information						
□ C Tem Hav		☐ Sleet ☐ Fog	☐ High Winds Cants occurred since	Other: the last inspection? □Yes □No					
Are If ye	there any discharges occurries, describe based on the information of t	rmation below:		J No					
Odoi Clari Floa	None Musty Solvents County Clear Slightly Cloud ting Solids No Yes	iewage Sulfur Sulfur (describe): Iy Cloudy (describe):	Samuel Company	escribe):					
Susp	JO114200 W-071-0-1	(describe):							
Foar	Newwy American	(describe):		- alba).					
	Sheen None Flecks er Indicators of Stormwater Pollution	□ Globs □ Sheen on □ No □ Yes (Slick Other (d describe):	escribe):					
4	 Control Measures Number the structural stor Describe corrective action Action Log. 	mwater control. s initiated, date comp	oleted, and note the p	person that completed the work in the Corrective					
A THE STATE OF THE	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)					
1	Ponds #1 Discharge point to Channel	ŹYes □No	☐ Maintenance ☐ Repair ☐ Replacement						
2	Channel structure (Stabilization)	ZYes □No	☐ Maintenance ☐ Repair ☐ Replacement						
3	Gabions		☐ Maintenance						
	G-1	⊈Yes □No	☐ Repair ☐ Replacement						
	G-2	AYes ONo	☐ Maintenance ☐ Repair ☐ Replacement						
	G-3	PYes □No	☐ Maintenance ☐ Repair ☐ Replacement						
	G-4	TY'es DNo	☐ Maintenance ☐ Repair ☐ Replacement						
	G-5	ÓYes □No	☐ Maintenance ☐ Repair ☐ Replacement						

Page 1 of 2

Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
G-6	ZYes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-7	ØYes □No	☐ Maintenance☐ Repair☐ Replacement	
G-8	ZYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-9	ÁYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-10	TY'es ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-11	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-12	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
G-13	y√Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-14	TYes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
il and in oid onto	s of non-compliance observed a	Non-Compliance	yye:
		Notes	
Jse this space for any	additional notes or observation	s from the inspection	n:

CERTIFICATION STATEMENT

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violations."		
Print name and title:	BEATRIZ RIVERA / ENVIRONMENTAL ENC	HNEER
Signature:	2/18/14	

Lagoon Enhancement - Routine Inspection Report

		Gen	eral Information				
Fac	ility Name	ESSROC SAN J	JAN - ITALCEMEN	NTI GROUP			
IPI	DES Tracking No.						
Dat	e of Inspection	3/7/11	Start/End	Time 10.00 - 1030			
nsp	oector's Name(s)	BEATRIZ RIVER	A				
nsp	pector's Title(s)	ENVIRONMENT	AL ENGINEER				
nsı	pector's Contact Information	BEATRIZ.RIVER	A@ESSROC.COM				
Inspector's Qualifications EIT							
		Wes	ather Information				
Ten	ather at time of this inspection Clear Cloudy Rain operature:	☐ Sleet ☐ Fog	☐ High Winds				
If y	es, describe:			e the last inspection? □Yes □No			
	there any discharges occurri		pection? Tyes	□No			
	es, describe based on the info						
Odc		Sewage Sulfur [Sour Petroleu	ım/Gas			
	Solvents	other (describe):					
Cla			Opaque Other (d	escribe):			
		(describe):					
		(describe):					
Foa	Sheen None Flecks	Globs Sheen	Slick Other (d	escribe):			
	er Indicators of Stormwater Pollution		describe):	escribe).			
	Control Measures) 10 L 103 (describe).				
	 Number the structural stor 	mwater control.					
	Describe corrective action	s initiated. date comp	leted, and note the p	person that completed the work in the Corrective			
	Action Log.	,					
	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)			
1	Ponds #1 Discharge point to Channel	Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
2	Channel structure (Stabilization)	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement				
3	Gabions						
	G-1	□Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-2	Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-3	∠Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-4	Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-5	√Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				

Revision: May 14, 2013 Page 1 of 2

Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
0.6	Yes □No	☐ Maintenance☐ Repair	
G-6		☐ Replacement☐ Maintenance	
G-7	□Yes □No	☐ Repair ☐ Replacement	
G-8	Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-9	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-10	ryes □No	☐ Maintenance ☐ Repair ☐ Replacement	
G-11	☐Yes ☐No	☐ Maintenance☐ Repair☐ Replacement	
G-12	Yes No	☐ Maintenance ☐ Repair ☐ Replacement	
G-13	Yes No	☐ Maintenance ☐ Repair ☐ Replacement	
G-14	☐Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	non-compliance observed	Non-Compliance	
escribe any mercents of			
		Notes	•
Jse this space for any ad	ditional notes or observat	ions from the inspect	ion.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." violations."

violations."		
Print name and title: _	BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER	-
Signature: Roll	3/7/14	-
n: May 14, 2013	Page 2 of 2	

Stormwater Industrial Routine Facility Inspection Report **General Information** ESSROC SAN JUAN - ITALCEMENTI GROUP **Facility Name** PRR05B189 NPDES Tracking No. Start/End Time Date of Inspection Inspector's Name(s) Inspector's Title(s) Inspector's Contact Information Inspector's Qualifications Weather Information Weather at time of this inspection? ☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ High Winds ☐ Other: Temperature: Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes If yes, describe: Are there any discharges occurring at the time of inspection? If yes, describe: Number the structural stormwater control measures identified in your SWPPP on your site map and list them below Control Measures (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. **Corrective Action Needed and Notes** If No, In Need of (identify needed maintenance and repairs, or any Control Measure Maintenance, is Operating failed control measures that need replacement) Structural Control Measure Repair, or Effectively? Replacement? Quarry Area No. 6 Maintenance Yes Repair Rock Berm a 1 Replacement Maintenance Repair Rock Berm b 2 Replacement Maintenance Yes Repair Detention Pond L1 3 No Replacement Maintenance Yes Repair Outfall DP 001 4 No

Replacement

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need Maintenance Repair, or Replacement	(identify r	e Action Needed and Notes needed maintenance and repairs, or any trol measures that need replacement)
Quar	rry Area No. 5				
5	Rock Berm c	Yes No	Mainten Repair Replacer		
5	Rock Berm d	Yes No	Mainten Repair Replacer		
7	Rock Berm e	Yes No	Mainten Repair Replacer		,
8	Rock Berm f	Yes No	Mainten Repair Replace		
9	Rock Berm g	Yes No	Mainter Repair Replace		
10	Detention Pond L2	Yes No	Mainter Repair Replace		
11	Detention Pond L3	Yes	Mainter Repair Replace		
12	Detention Pond L4	Yes	Mainter Repair Replace		
13	Outfall DP 002	Z Yes No	Mainte Repair Replace		
	Areas of Industrial Material Below are some general are	s or Activities expos as that should be ass	ed to stormwa essed during ro	ter outine inspections	•
	Area/Activity	Inspected?	(appr effect	rols Adequate opriate, tive, and ating)?	Corrective Action Needed and Notes
1	Crusher area	Yes No	□ N/A □	Yes No	
2	Dredging disposal area	Yes No [□N/A □	Yes 🗌 No	

	Area/Activity	Inspected?	(appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	Yes No N/A	Yes No	
***************************************		Non-Co	ompliance	
)es(cribe any incidents of non-c	compliance observed and not		
		Additional C	ontrol Measures	
Des	cribe any additional contro	I measures needed to comply		ments:
				1

	ul'a ser any addition	ا nal notes or observations fron	Notes the inspection:	
USE	this space for any addition	ial flotes of observations from		
		CERTIFICAT	TION STATEMENT	direction or supervision in accordance with a
				direction or supervision in accordance with a ation submitted. Based on my inquiry of the be information submitted is,
				he information, the information submitted is, are significant penalties for submitting false
	to the best of my knowledge information, including the poss	and belief, true, accurate, and com ibility of fine and imprisonment for k	nowing violations."	
	Print name and t	itle: Beatiz Rive	Y S	
		DAI		Date: 1/7/4
	Signature:	Juy 6		
	*	7 3		

Stormwater Industrial Routine Facility Inspection Report

			ral Inform					
Facil	lity Name	ESSROC SAN JU	AN – ITALO	EMENTI GR	OUP			
NPD	ES Tracking No.	PRR05B189		unang and the same				
Date	e of Inspection	2/18/14	Sta	art/End Time	е		/_	
Insp	ector's Name(s)	Bentriz Env Engi	River	4				
Insp	ector's Title(s)	Env Engi	nedy					
	ector's Contact							
	rmation				Massacratic State of the Control of			
Insp	ector's Qualifications		1 1 6					
	ather at time of this inspe		her Inforr	nation				3 1 2 2 3 2 3 2 3
Ten	Cloudy	ified discharges c			since th	ne last ir	nspectio	on?
If y	ethere any discharges occues, describe: Control Measures Number the structural storm (add as many control meas your inspections. This list was presented by the corrective actions Action Log.	mwater control meas ures as are implemer vill ensure that you a	ures identifi Ited on-site) re inspecting leted, and no	ed in your SWP Carry a copy of all required co	of the nur ontrol me	nbered si asures at	te map w your faci	ility.
	Structural Control Measure	Control Measure is Operating Effectively?	If No, In No Maintenar Repair, or Replacemo	(ider	ntify need	tion Need ded maint measure	enance a	Notes and repairs, or a ed replacement
Qua	rry Area No. 6							
1	Rock Berm a	Yes No	Repair	cement				
2	Rock Berm b	Yes No	Repai	enance r cement				
3	Detention Pond L1	Yes No	Repai	r cement				
4	Outfall DP 001	Yes No	Repai	r cement				

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify ne	Action Needed and Notes eeded maintenance and repairs, or any rol measures that need replacement)
Quai	rry Area No. 5				
5	Rock Berm c	Yes No	Maintenance Repair Replacement		
6	Rock Berm d	Yes No	Maintenance Repair Replacement		
7	Rock Berm e	Yes No	Maintenance Repair Replacement		
8	Rock Berm f	Yes No	Maintenance Repair Replacement		
9	Rock Berm g	Yes No	Maintenance Repair Replacement		
10	Detention Pond L2	Yes No	Maintenance Repair Replacement		
11	Detention Pond L3	Yes No	Maintenance Repair Replacement		
12	Detention Pond L4	Yes No	Maintenance Repair Replacement		
13	Outfall DP 002	Yes No	Maintenance Repair Replacement		
	Areas of Industrial Materia Below are some general are	ls or Activities expose as that should be as	sed to stormwater sessed during routine	inspections.	
	Area/Activity	Inspected?	Controls A (appropria effective, a operating)	te, and	Corrective Action Needed and Notes
1	Crusher area	Yes No [N/A Yes	☐ No	
2	Dredging disposal area	✓ Yes □No	□ N/A □ Yes	☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	Yes No No	N/A Yes No	
		No	on-Compliance	
Des	cribe any incidents of non-c	compliance observed and	not described above:	
Dat	seribo any additional contro		nal Control Measures mply with the permit required	ments:
			Notes	
Us	e this space for any addition	nai notes of observations	from the hispection.	
		CERTIF	FICATION STATEMENT	
	system designed to assure that person or persons who manage to the best of my knowledge	t qualified personnel properly e the system, or those persons and belief, true, accurate, and ibility of fine and imprisonment	gathered and evaluated the information of the information of the complete. I am aware that there the knowing violations."	direction or supervision in accordance with a ation submitted. Based on my inquiry of the ne information, the information submitted is, are significant penalties for submitting false
	Print name and t	itle: <u>Beatristi</u>	WY G	
	Signature:	Spale of		Date: 2/18/14

Stormwater Industrial Routine Facility Inspection Report

			ral Inforn				
Facili	ty Name	ESSROC SAN JU	AN - ITAL	CEMENTI	GROUP		
NPDI	ES Tracking No.	PRR05B189					
Date	of Inspection	3/7/2014	St	art/End 1	Гime	11:00/ 113	
Inspe	ector's Name(s)	Beatriz Ri	mer c				
Inspe	ector's Title(s)	Bestriz Ri Environment	DEngin	red			
	ector's Contact mation			900000			
Insp	ector's Qualifications						
		Weat	her Infor	mation			
Haye	ear Cloudy Rain perature: e any previously unidenti No Yes If yes, desc there any discharges occ es, describe: ontrol Measures Number the structural storm (add as many control measure)	ified discharges of cribe: urring at the time	of pollutar	ection?	No Y SWPPP on your opy of the numb	es site map and list them b pered site map with you o	nelow during
•	your inspections. This list w Describe corrective actions Action Log.	vill ensure that you a	re inspectin	g all require	ed control meas	ures at your facility.	
Structural Control Measure is Operating Effectively? Control Measure is Operating Effectively? If No, In Need of Maintenance, Repair, or Replacement? Corrective Action Needed and Notes (identify needed maintenance and repair failed control measures that need replair)		irs, or any cement)					
Quar	ry Area No. 6						
1	Rock Berm a	Yes No	Repa	tenance ir acement			
2	Rock Berm b	Yes No	Repa	tenance ir acement			
3	Detention Pond L1	Yes No	Repa	itenance iir acement			
4	Outfall DP 001	Yes No	Repa	ntenance air acement			

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify no	Action Needed and Notes eeded maintenance and repairs, or any rol measures that need replacement)
Qua	rry Area No. 5				
5	Rock Berm c	Yes No	Maintenance Repair Replacement		
6	Rock Berm d	Yes No	Maintenance Repair Replacement		
7	Rock Berm e	Yes No	Maintenance Repair Replacement		
8	Rock Berm f	Yes No	Maintenance Repair Replacement		
9	Rock Berm g	Yes No	Maintenance Repair Replacement		
10	Detention Pond L2	Yes No	Maintenance Repair Replacement		
11	Detention Pond L3	Yes No	Maintenance Repair Replacement		
12	Detention Pond L4	Yes No	Maintenance Repair Replacement		
13	Outfall DP 002	Yes No	Maintenance Repair Replacemen		
	Areas of Industrial Material Below are some general are	s or Activities expos as that should be as	sed to stormwater sessed during routine	e inspections.	
	Area/Activity	Inspected?	Controls A (appropria effective, operating)	ite, and	Corrective Action Needed and Notes
1	Crusher area	Yes No [N/A Yes	☐ No	
2	Dredging disposal area	Yes No [N/A Yes	☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	Yes No N/A	Yes No	
		Non-C	ompliance	
Des	cribe any incidents of non-c	ompliance observed and not		
		Additional C	ontrol Measures	
			Notes	
Use	e this space for any addition	nal notes or observations from		
		CERTIFICAT	ION STATEMENT	
	system designed to assure that person or persons who manage to the best of my knowledge information, including the poss	that this document and all attachment t qualified personnel properly gathent the system, or those persons direct and belief, true, accurate, and com tibility of fine and imprisonment for k	ents were prepared under my d red and evaluated the informa tly responsible for gathering the plete. I am aware that there a nowing violations."	irection or supervision in accordance with a tion submitted. Based on my inquiry of the e information, the information submitted is, are significant penalties for submitting false
		tle: Benfrizfiner		and alalid
	Signature:	Jan 20	L	Pate: 3/7/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form
(Complete a separate form for each outfall you assess)
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189
Outfall ID (mark only one): DP001DP002 Event Date:
Person(s) collecting sample (Name/Title): Beatriz Rivera 1 Env Engineer
Person(s) examining sample (Name/Title): Boatn's Rruga Env Engineer
Rain event start time: 10:30 Time Sample Collected: 1123 Time Sample Examined: 1220
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)
Parameters Color ☑ None ☑ Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):
Floating Solids No Yes (describe):
Settled Solids**
Suspended Solids
Foam (gently shake sample) No Yes (describe):
Oil Sheen None Flecks Globs Sheen Slick Other (describe):
Other Obvious Indicators No Yes (describe):
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
A. Name: Beatriz Rivera B. Title: Environmental Engineer
C. Signature: D. Date Signed: 1/7/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form				
(Complete a separate form for each outfall you assess)				
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189				
Outfall ID (mark only one): DP001 💢 DP002 Event Date:				
Person(s) collecting sample (Name/Title): Beatizeinera Environment				
Person(s) collecting sample (Name/Title): Beatriz Rivers / Env Engineer				
Rain event start time: 10:30 Time Sample Collected: 1/23 Time Sample Examined: 1/2/20 Rain event end time: 1/2/20				
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):				
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):				
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)				
Parameters				
Color None Other (describe):				
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):				
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):				
Floating Solids No Yes (describe):				
Settled Solids** No Yes (describe):				
Suspended Solids No Yes (describe):				
Foam (gently shake sample) No Yes (describe):				
Oil Sheen None Flecks Globs Sheen Slick Other (describe):				
Other Obvious Indicators No Yes (describe):				
그도 그렇게 가는 것으로 있었다면서 가장 하는 사람들이 하는 사람들이 되는 것이다. 그는 것이 없는 것이다.				
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.				
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheet as necessary).				
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assume that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
A. Name: Boakiz Pinora B. Title: Environmental Engineer C. Signature: Roth Signed: 1/1/14				
C. Signature: Policy D. Date Signed: 1/7/14				

MSGP Quarterly Visual Assessment or Bench (Complete a separate form for each	mark Monitoring Sampling Form
	Fracking No.: PRR05B189
Name of Facility: Essroc San Juan Cement NPDES Outfall ID (mark only one): DP001 DP002 Event Date of Facility: DP001 DP002 DP002	ate: 2/16/14
Outfall ID (mark only one):	S. C.
Person(s) collecting sample (Name/Title): Boatriz Rivera	3
Person(s) examining sample (Name/Title):	
Rain event start time: 940 Time Sample Collected: 11 Rain event end time: /023 Total rainfall (inches) in this event: 0.14 Time since previous measurable	a storm event (in days):
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No*	
Substitute Sample? No Yes (identify quarter/year	
Parameters	
Color None Other (describe):	
Odor None Musty Sewage Sulfur Sour Petro	leum/Gas Solvents
Clarity Clear Slightly Cloudy Cloudy Opaque Other	er (describe):
Floating Solids No Yes (describe):	
Settled Solids** No Yes (describe):	
Suspended Solids No Yes (describe):	
Foam (gently shake sample) No Yes (describe):	
Oil Sheen None Flecks Globs Sheen Slick Other	(describe):
Other Obvious Indicators Of Stormwater Pollution Yes (describe):	
* The 72-hour interval can be waived when the previous storm did not yield a measurable did that less than a 72-hour interval is representative of local storm events during the sampling process.	scharge or if you are able to document (attach applicable documentation) period.
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.	
Detail any concerns, additional comments, descriptions of pictures taken, an as necessary).	d any corrective actions taken below (attach additional sheets
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B I certify under penalty of law that this document and all attachments were prepared under in that qualified personnel properly gathered and evaluated the information submitted. Based persons directly responsible for gathering the information, the information submitted is, to the aware that there are significant penalties for submitting false information, including the possible to the contraction of the possible to the contraction of the possible to the contraction of the contraction of the possible to the contraction of the contrac	ny direction or supervision in accordance with a system designed to assure on my inquiry of the person or persons who manage the system, or those he best of my knowledge and belief, true, accurate, and complete. I am sibility of fine and imprisonment for knowing violations.
A. Name: Beatriz Kilvera	w. Cheller
A. Name: Beatriz Rivers C. Signature: Dad l	B. Title: Env. Engineed D. Date Signed: 2/18/14/

MSGP Quarterly Visual Assessment or Bench (Complete a separate form for each					
Name of Facility: Essroc San Juan Cement NPDES	Tracking No.: PRR05B189				
Outfall ID (mark only one): DP001 _X_ DP002 Event D	ate: 2/18/14				
Person(s) collecting sample (Name/Title): Beatriz Rivera	Env Engineer				
Person(s) examining sample (Name/Title):					
Rain event start time: 940 Time Sample Collected: 1/1 Rain event end time: 1023	Time Sample Examined:				
Total rainfall (inches) in this event: Time since previous measurable					
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No*	(explain):				
Substitute Sample? No Yes(identify quarter/year	when sample was originally schedule to be collected)				
Parameters					
Color None Other (describe):	<u>.</u>				
Odor None Musty Sewage Sulfur Sour Petro	leum/Gas 🔲 Solvents				
Clarity Clear Slightly Cloudy Cloudy Dpaque Other	er (describe):				
Floating Solids No Yes (describe):					
Settled Solids** No Yes (describe):	<u>.</u>				
Suspended Solids No Yes (describe):					
Foam (gently shake sample) No Yes (describe):					
Oil Sheen None Flecks Globs Sheen Slick Other (describe):					
Other Obvious Indicators No Yes (describe): of Stormwater Pollution					
* The 72-hour interval can be waived when the previous storm did not yield a measurable dis that less than a 72-hour interval is representative of local storm events during the sampling p ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.	charge or if you are able to document (attach applicable documentation) eriod.				
Detail any concerns, additional comments, descriptions of pictures taken, and as necessary).	any corrective actions taken below (attach additional sheets				
so trooperty);					
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for	r Signatory Requirements)				
I certify under penalty of law that this document and all attachments were prepared under my that qualified personnel properly gathered and evaluated the information submitted. Based of persons directly responsible for gathering the information, the information submitted is, to the aware that there are significant penalties for submitting false information, including the possi	direction or supervision in accordance with a system designed to assure in my inquiry of the person or persons who manage the system, or those best of my knowledge and belief, true, accurate, and complete. I am bility of fine and imprisonment for knowing violations.				
A. Name: Beafriz Bruss	B. Title: Env Engineer				
A. Name: Beafriz Ques S C. Signature: Freat /	D. Date Signed: 2/18/14				

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form
(Complete a separate form for each outfall you assess)
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189
Outfall ID (mark only one): Y DP001 DP002 Event Date: 3/7/14
Person(s) collecting sample (Name/Title): <u>Beafrizfines</u> 1 <u>Env Engineer</u>
Person(s) examining sample (Name/Title):/
Rain event start time: Rain event end time: Time Sample Collected: Time Sample Examined: Time Sample Examined: Time Sample Examined: Time since previous measurable storm event (in days):
A CONTROL OF THE CONT
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)
Parameters
Color None Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):
Floating Solids No Yes (describe):
Settled Solids** No Yes (describe):
Suspended Solids No Yes (describe):
Foam (gently shake sample) No Yes (describe):
Oil Sheen
Other Obvious Indicators
of Stormwater Pollution
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation)
that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
A. Name: Boatriz Rivera B. Title: Env Engineer
A. Name: Boatriz Rivera C. Signature: Paul D. Date Signed: 3/1/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form				
(Complete a separate form for each outfall you assess)				
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189				
Outfall ID (mark only one):DP001				
Person(s) collecting sample (Name/Title): Beatriclives a 1 Em Engineer				
Person(s) examining sample (Name/Title):/				
Rain event start time: Time Sample Collected: Time Sample Examined:				
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):				
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):				
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)				
Parameters				
Color None Other (describe):				
Odor				
Clarity Clear Slightly Cloudy Cloudy Opague Other (describe):				
Floating Solids No Yes (describe):				
Settled Solids** No Yes (describe):				
Suspended Solids No Yes (describe):				
Foam (gently shake sample) No Yes (describe):				
Oil Sheen None Flecks Globs Sheen Slick Other (describe):				
Other Obvious Indicators No Yes (describe):				
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.				
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.				
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheet as necessary).				
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
A. Name: Begfire River B. Title: Bnv Engineer				
A. Name: Beatrick B. Title: Bnv Engineer C. Signature: Fight Signed: 3/7/14				



January 20, 2014

Beatriz Rivera Essroc San Juan, Inc. P.O. Box 366698 San Juan, PR 00936-6698

LABORATORY REPORT

Project ID

: 140107P003

Customer ID

: 353

Project Description

: MSGP

Permit Number: PR0001163

Sample(s) Submitted By

: Essroc San Juan, Inc.

Date Received

: 1/7/2014

Sampled By

: Sanco Laboratories, Inc.

Date Collected

: 1/7/2014

Sample(s) Log Number

: 140107P003 to 140107P004

Log Numbe	r Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
140107P003	P-001	рН	G	SM 4500-H ⁺ B	Std. Units	_	7.79	1/7/2014	ga
		TSS	G	SM 2540 D	mg/L		8	1/13/2014	joi
140107P004	P-002	рН	G	SM 4500-H ⁺ B	Std. Units		7.49	1/7/2014	ga
		TSS	G	SM 2540 D	mg/L		11	1/13/2014	joi

Revised by:

Lic. Enid Ortíz

Laboratory Supervisor

Released by:

Heriberto Batíz, Ph.D.

Technical Director

Regular 10 days

Turnaround time:



CHAIN OF CUSTODY RECORD

														Rush Surcharges Apply Rush					
Client ID: Sampler's Name:												Que	ote No.:	Please provide prior notification. Date Required.					
Client	San Ju	an	4	35	53	1 1	500	n C	Will	an				Project ID:					
Project Name:						Sampler's			01	a,		- secondon	ervatives:	Comments			Temp.		
PR 0001163						Lo	low	u 1	Julle	he		1 - H ₂ SO ₄	9 - Asc. Acid	P-00	Ø - 7.	79	23.5		
Site Location:						Contact Pe	-		D.			2 - HNO ₃	10 - None	Dan	2-7	110	24.3		
Do	rado						etr	72		ler		3 - NaOH	11 -					2435.1	
Regulatory Agency:	EQB [☐ PRAS				Split Samp					No	4 - ZnOAc	12-	Container 1		e. 500mL Pla			
EPA O RCRA	A O UST	NPD	ES		OTHER	Comp	osite Sta	art	Com	posite	End	(5) Cool	13 -	a. 1L AMB		f. 250mL AMI			
Sample Class.:	Compliance [Repe	eat		Special					-		6 - HCl	14-	b. 1L Clear		g. 250mL Plas			
Sample Type: Gr	rab (G)	Composite	(C)			Field Analys	is:					6 - HCI	14-	c. 1L Plasti		h.)125mL Pla		(G)	
Matrix: Liquid (L)	Solid (S)	Gas(G)	Slud	ge(Sd	1)	рН	SI	J Te	emp		_°C	7 - Na ₂ S ₂ O ₃		d. 500mL A	MB (G)	i. 120mL P St	erile n.		
Remarks:						RC	n	ng/L	DO		_mg/L	8. Filter Red	quired						
	42		уре											Analy	ysis Identif	ication Numb	ers		
Sample Number	Sample Descri	iption	le T	Matrix	Colle	ction	Conta	ainers	Preserv.		Analysis	ID							
			Sample Type	Σ				-					Al As Ag	g B Ba	a Be Ca	a Cd Co	Cr Cu Fe F	⊣g Li	
					Date	Time	No.	Type	- P				K Mg Mn	n Mo N	la Ni I	Pb Sn Sb	Se TI V	Zn	
140107 Poo3	MSGP(P.	(100-	G	L	1/7/14	9:48	1	h	5	18			1. Phenol	18 TSS	35. Odor	42. BOD	65. PP 67.	. VOC's	
110103.000	10010	1											2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO 68.	3. SVOC's	
													3. T. Phosphorus	20. SS	37. TOC	44. Metals	T.Coli		
0	/ -	_	^		1/-1	20.	1	1	-	10			4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF		
140107 Roo4	MSGP(P-	-002)	5	L	1/7/14	10:00	1	h	5	13			5. Carbonate	22. TS	39. Fluoride	46. lodide	70. SM9223 ○ P/A	OQT	
110101													6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	E. Coli		
													7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 ○ P/A	OQT	
											1- 100		8. Sulfate	25. Nitrite	49. RCI		HPC 72. SM9215	В	
													9. Sulfide	26. NO ₂ NO ₃	50. TCLP Met	tals	F.Coli 73. SM9221	1E MTF	
													10. Hardness	27. Silica	51. TCLP VO	C	Misc.		
													11. Color ADMI	28. pH	52. TCLP SVC	OC .	74. Viscosity		
Relinquised by:					Date: 1	17/1	4	Time:	11:23			y Use Only	12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyd	le	
Received by:	Lullai .	,			Date: 1	17/20	14	Time:	11:23	>	Arrival Temp.	2.4°c	13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.		
Relinquised by:	The state of the s	Ent.			Date: 1/	2/20		Time:/	3:49	7	Arrival Condi	tions:	14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.		
Received by:	0 10 #				Date:	7/201		Time:	13:53	7_	⊖ Good	O Poor	15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.		
Relinquised by:	nung				Date:	1 Buy Vie	Y	Time:			Notes:		16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.		
Received by:						7 00 7 33	1	Time:					17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.		





Beatriz Rivera Essroc San Juan, Inc. P.O. Box 366698 San Juan, PR 00936-6698

LABORATORY REPORT

Project ID

: 140218Q004

Customer ID

: 353

Project Description

: MSGP

Permit Number: PR0001163

Sample(s) Submitted By

: Essroc San Juan, Inc.

Date Received

: 2/18/2014

Sampled By

: Sanco Laboratories, Inc.

Date Collected

: 2/18/2014

Sample(s) Log Number

: 140218Q004 to 140218Q005

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
140218Q004	P-001	pH TSS	G G	SM 4500-H ⁺ B SM 2540 D	Std. Units mg/L		7.25 6.0	2/18/2014 2/21/2014	ga rvc
140218Q005	P-002	pH TSS	G G	SM 4500-H ⁺ B SM 2540 D	Std. Units mg/L		6.45 6.0	2/18/2014 2/21/2014	ga rvc

Revised by:

Laboratory Supervisor

Released by:

Technical Director

Regular 10 days

Turnaround time:



CHAIN OF CUSTODY RECORD

													Rush Surch	arges Apply	Rush		
			Sampler's Name:							ote No.:	Please provide prior notification. Date Required.						
Client: Essivor	San Juan	Circi	nt ID: 34	53	Gils	mos	a	illas	7				Project ID:				
Project Name:					Sampler's	Signatu	ire: /	7.1			1	ervatives:	Comments:				
PR 00	01163				Sul	nou	au	Mai			1 - H ₂ SO ₄	9 - Asc. Acid	P-001	-7.2	25		
Site Location:		Contact Pe			0			2 - HNO ₃	10 - None	P-002	- 6	45					
Dorado					Bea	etr	-iz	Kiv	er	a	3 - NaOH	11 -	1-002				
Regulatory Agency:	DRNA	Split Samp	le:		Yes	V	No	4 - ZnOAc	12-	Container 1	Гуре:	e. 500mL Plas	stic j. 40m	L VOA Vial			
EPA O RCRA		ASA		OTHER	Comp	osite Sta	art	Com	posite	End		40	a. 1L AMB	Glass (G)	f. 250mL AMI	3 (G) k. 8 oz	jar (G)
		peat	$\overline{\Box}$	Special	VIII-		-				(5) Cool	13 -	b. 1L Clear	Glass	g. 250mL Plas	stic I. 4 oz	jar (G)
	rab (Composit			Special	Field Analys	is:					6 - HCl	14-	c. 1L Plasti	c (P)	h.125mL Pla	stic m. 2 o	z jar (G)
			dge(So	4)	pH 7.2		U Te	emp. 26	3	_°C	7 - Na ₂ S ₂ O ₃		d. 500mL A	MB (G)	i. 120mL P Ste	erile n.	
	3011u (3) Gas(G)	Jide	180,00	4)				on children de la constant									
Remarks:		T	Т		RC		ig/L	DO		_ mg/ L	8. Filter Red	quired	8 1		antinu Neumah		
		Sample Type	×						reserv. Analysis		ID		Anaiy	sis identiii	cation Numb	ers	
Sample Number Sample Description		Matrix	Colle	ection	Conti	ainers	Freserv.	IID				Ag B Ba Be Ca Cd Co Cr Cu Fe Hg					
		Sam	2	- Date	Time	No.	Type					Al As Ag	g D Dd	De Ca			0
	A 3	-		Date	Time	NO.	Type		9			K Mg Mr	n Mo N	a Ni F	Pb Sn Sb	Se TI	V Zn
140218 0014	MSGP(P-00))G	L	413/14	10:35	1	h	5	18	3		1. Phenol	18)TSS	35. Odor	42. BOD	65. PP	67. VOC's
110018 9011												2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO	68. SVOC's
												3. T. Phosphorus	20. SS	37. TOC	44. Metals	T.C	
		10	1	7/11	1000	3	1	_	10	5		4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B N	ИTF
140210 DINS	MSGP(P-002	10	L	7/18/14	10:45	1	h	5	18	7		5. Carbonate	22. TS	39. Fluoride	46. lodide	70. SM9223 C	P/A QT
170018 9000			1	1								6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	E. C	oli
												7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 C	P/A OQT
			1									8. Sulfate	25. Nitrite	49. RCI		HPC 72. SM	9215B
												9. Sulfide	26. NO ₂ NO ₃	50. TCLP Met	als	F.Coli 73. SM	9221E MTF
		+	1									10. Hardness	27. Silica	51. TCLP VOC		Misc.	
												11. Color ADMI	28. pH	52. TCLP SVO	С	74. Viscosity	
Relinquised by:	1			Date: 9	118/1	V	Time:	11:30		Laborator	ry Use Only	12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetald	ehyde
Relinduised by.					12/14		Time: 11:30			Arrival Temp	2.7 °c	13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.	
Received by:	an engion			Date: 2	19/20	14	Time: 15:16			Arrival Cond		14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.	
Jag 1	an runare			Date: 2	7 -1 1	014	Time:	15:30		O Good	O Poor	15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.	
Received by:	e Wit			Date:	100/00	T	Time:	13.00		Notes:		16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.	
Relinquised by:				Date:	J SM / AMA	No.	Time:		1			17. NonPolar M.		58. PCB's	64. TCL	80.	
Received by:				Date.			I					Tr. North Oldi IVI.	21.000				